CMS ILLINOIS
DEPARTMENT OF CENTRAL
MANAGEMENT SERVICES
P.O. Box 19208, Springfield IL 62794-9208

STATE EMPLOYEES'
MCAP ENROLLMENT FORM FY2016
MEDICAL CARE ASSISTANCE PLAN (MCAP)

ENROLLMENT **F**ORM for the **FY2016 P**LAN **Y**EAR
(Begins July 1, 2015)

Scan forms to: CMS.Ben.DefComp@illinois.gov
Fax: 217-782-7640 ~ Office: 217-782-7006

The MCAP program is for reimbursement of eligible medical expenses, such as copayments, deductibles, eligible over-the-counter items, etc., for the member and any eligible dependents. All medical care expenses and services must be rendered prior to June 30, 2016, in order to be eligible for reimbursement.

Central Management Services requests disclosure of information that is necessary to establish its obligations, primarily the statutory purposes under the Department of Central Management Services Law (20 ILCS 405). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a determination of eligibility. Social Security numbers are used in the enrollment process to properly identify members. Confidentiality of Social Security numbers obtained through this change of address process will be preserved as prescribed by 5 ILCS 179 et seq.

Last Name	First	Middle Initial		Social Security #
Street ☐ **Check box if this is a new address**		City	State	Zip Code
Primary Phone		Secondary Phone	Date of Birth	
Original Participant's Name		Social Security #	Date of Birth	% You are to Receive

ROLLOVER— A beneficiary may rollover to another plan or IRA out of the state plan. All money transferred will assume the characteristics of the receiving plan. Nonspousal beneficiaries may only rollover to an inherited IRA. Indicate where you want the account transferred.

☐ 401(k) Plan
☐ 403(b) Plan
☐ Governmental 457 Plan
☐ Traditional IRA
☐ Inherited IRA

Name of Plan/IRA _____
Address of Plan/IRA _____
Retirement Plan Contact Person Name _____
Retirement Plan Contact Phone # _____

SPOUSAL DISTRIBUTION - Complete this section only if you want a distribution at this time. A spousal beneficiary may start, stop and/or change their distribution election by completing a new Distribution Election Form. If the value of the beneficiary account is under $5,000, the spouse may wait to take the distribution, elect to receive a lump sum payment or may rollover the account into another retirement plan. Do not contact T. Rowe Price to change a distribution decision.

Distribution Method

☐ A lump sum distribution of the entire balance (direct deposit is not available for a lump sum payout)

☐ A partial lump sum of $_____

☐ Resume distributions at a later date (does not apply to beneficiaries age 70 1/2 or older)

☐ Followed by installments as designated below to start on _____.

Installments paid: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Beneficiaries may request installment payments to be deposited directly into their bank account.

Type of installment (choose one): To start on _____

☐ Payments paid over recalculated life expectancy.
☐ Payments paid over _____years.*
☐ Fixed payments of $_____.*

*The payment amount will be monitored to comply with Federal Regulations and may need to be adjusted after the age of 70 1/2.

NONSPOUSAL DISTRIBUTION - If the value of your beneficiary account is less than $5,000, you may only choose the lump sum option.

Distribution is required to begin the year following year of participant's death.

☐ A lump sum distribution of the entire balance.
☐ Installments paid over 5 years to start (mm/yr): _____ ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
☐ Installments paid over life expectancy to start (mm/yr): _____ ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Send completed form to the State of Illinois, Deferred Compensation Office at P.O. Box 19208, Springfield, IL 62794-9208.

SIGNATURE _____ DATE _____

In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts or any other activity. If you have a complaint of discrimination, please call the Office of the Director of CMS at (217) 782-2141 or TDD (217) 782-2000.

To be completed by Deferred Compensation Staff
Effective Date of this Distribution Form _____ (month/year)